

**FORM**  
**5**  
Rev  
09/14

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400542917

Date Received:  
02/04/2014

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 47120 Contact Name: Katie Kistner  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9294317  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-38258-00 County: WELD  
 Well Name: CLINE Well Number: 27N-2HZ  
 Location: QtrQtr: SESE Section: 2 Township: 2N Range: 67W Meridian: 6  
 Footage at surface: Distance: 464 feet Direction: FSL Distance: 430 feet Direction: FEL  
 As Drilled Latitude: 40.161009 As Drilled Longitude: -104.849974

GPS Data:  
 Date of Measurement: 11/04/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage at Top of Prod. Zone Dist.: 701 feet. Direction: FSL Dist.: 1104 feet. Direction: FEL  
 Sec: 2 Twp: 2N Rng: 67W  
 \*\* If directional footage at Bottom Hole Dist.: 485 feet. Direction: FNL Dist.: 1129 feet. Direction: FEL  
 Sec: 2 Twp: 2N Rng: 67W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/28/2013 Date TD: 12/07/2013 Date Casing Set or D&A: 12/09/2013  
 Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 11730 TVD\*\* 7168 Plug Back Total Depth MD 11705 TVD\*\* 7169  
 Elevations GR 4853 KB 4878 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
CBL, GR, MUD

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	13+1/2	9+5/8	36	0	1,028	397	0	1,028	VISU
1ST	8+3/4	7	26	0	7,616	770	1,416	7,616	CBL
1ST LINER	6+1/8	4+1/2	11.6	6570	11,715				CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	7,192				
NIOBRARA	7,330				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Katie Kistner

Title: Regulatory Analyst Date: 2/4/2014 Email: katie.kistner@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400725113	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400542917	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400724091	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400725111	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft per operator's request.	11/5/2014 8:04:24 AM

Total: 1 comment(s)

